## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

O The period covered is \_\_\_\_/\_\_, through

the date of leaving office.

Candidate

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received

officie-Use, Only,
HECEIVED
FAIR POLITICAL
PEACTICES COMMISSION

Please type or print in ink.

A Public Document

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			OD REN TER 4:
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Gorsen	Maureen	F.	
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
1. Office, Agency, or Cour	t	4. Schedule Summa	arv
Name of Office, Agency, or Court:		➡ Total number of pages	
Department of Toxic Substances Control		including this cover pa	ge:2
Division, Board, District, if applicable	9:	⇒ Check applicable sche	dules or "No reportable
Your Position:		I have disclosed interest	s on one or more of the
Director		attached schedules:	3 on one or more or the
If filing for multiple positions, list position(s): (Attach a separate	additional agency(ies)/ sheet if necessary.)	Schedule A-1 Yes - Investments (Less than 10% O	- schedule attached wnership)
Agency:		Schedule A-2 Yes - Investments (10% or greater O	
Position:		Schedule B X Yes - Real Property	schedule attached
2. Jurisdiction of Office (C	heck at least one box)	Schedule C Yes - Income, Loans, & Business and Travel Payments)	schedule attached Positions (Income Other than Gifts
State     State		Schedule D Yes -	schedule attached
County of		Income – Gifts	and and and and
City of		Schedule E Yes -	schedule attached
Multi-County		Income Travel Payments	
Other		-0	r-
3. Type of Statement (Chec	k of local and have	No reportable interest	s on any schedule
N	k at least one box)		
Assuming Office/Initial Date	e:	5. Verification	
Annual: The period covered is J through December 31, 2007.	lanuary 1, 2007,	I have used all reasonab	le diligence in preparing this
-or-		statement. I have reviewed	this statement and to the best of
O The period covered is/_ December 31, 2007.	/, through	attached schedules is true a	77
Leaving Office Date Left:(Check one)	<i></i>	I certify under penalty of pe of California that the fore	rjury under the laws of the State going is true and correct.
O The period covered is January date of leaving office.	/ 1, 2007, through the	Date	
-Or-	33.50		

Sign

(File the originally signed statement with your filing official.)

## SCHEDULE B Interests in Real Property (Including Rental Income)

	FORNIA FORM 700 DITTICAL PRACTICES COMMISSION
Name	
	Maureen F. Gorsen

>	STREET ADDRESS OR PRECISE LOCATION	> STREET ADDRESS OR PRECISE LOCATION	
	3931 Los Olivos Lane	8370 Dover Drive	
	CITY	CITY	
	La Crescenta, CA 91214	Granite Bay, CA 95746-6262	
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$\int_\$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE	:
	\$10,001 - \$100,000	\$10,001 - \$100,000	
	\$100,001 - \$1,000,000 ACQUIRED DISPOSED	▼ \$100,001 - \$1,000,000 ACQUIRED DISPO	SED
	Over \$1,000,000	Over \$1,000,000	
	NATURE OF INTEREST	NATURE OF INTEREST	
	X Ownership/Deed of Trust ☐ Easement		
	Leasehold		
	Yrs. remaining Other	Leasehold Other	
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 \$1,001 - \$10,000	
	X \$10,001 - \$100,000 ☐ OVER \$100,000	☐ \$10,001 - \$100,000 🔀 OVER \$100,000	
	SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or great	or
	interest, list the name of each tenant that is a single source of income of \$10,000 or more.	interest, list the name of each tenant that is a single sour income of \$10,000 or more.	ce of
	Barbara Bogaev	Howard and Stacy Zabell	
		- I ovara and otally Zabon	
	Chris Spurgeon		
-			-
*	You are not required to report loans from commercial	lending institutions, or any indebtedness created as	part
	of a retail installment or credit card transaction, made	in the lender's regular course of business on terms	
	available to members of the public without regard to y	your official status. Personal loans and loans receive	red
	not in a lender's regular course of business must be o	disclosed as follows:	
	NAME OF LENDER*	NAME OF LENDER*	
	ADDRESS	ADDRESS	
		ABBITECO	
	BUSINESS ACTIVITY OF LENDER	BUSINESS ACTIVITY OF LENDED	
	- Lander of the state of the st	BUSINESS ACTIVITY OF LENDER	
	INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)	
	% None	% None	
	UIOUTOT DU LUCE DI PUI	Total Notice	
22	HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD	
	\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000	
	S10,001 - \$100,000 OVER \$100,000 *	S10,001 - \$100,000 OVER \$100,000	
	Guarantor, if applicable	Guarantor, if applicable	
	(A. )		
Co	mments:		